

REQUISITION FOR PRINTING AND BINDING SERVICE				FUND <input type="checkbox"/> APPROPRIATED <input type="checkbox"/> NON-APPROPRIATED		DATE		ACTIVITY ORDER NUMBER		PLANT USE ONLY		JOB NUMBER							
TO:				THRU: (Appropriate Printing Control Authority)				FROM: (Originating Agency and Person to contact & telephone extension)											
1. TITLE OF PUBLICATION								2. NUMBER AND DATE											
3. PURPOSE, FUNCTION, ECONOMIES EFFECTED AND CONCURRENCES																			
4. QUANTITY IN: <input type="checkbox"/> SHTS <input type="checkbox"/> SETS <input type="checkbox"/> BOOKS <input type="checkbox"/> PADS <input type="checkbox"/> OTHER (Specify in Item 13)								5. SIZE OF PUBLICATION				6. NUMBER OF PAGES							
a. PARTIAL DELIVERY REQUESTED				b. COMPLETE DELIVERY REQUESTED				a. TRIM SIZE		b. FOLDED TO									
DATE		QUANTITY		DATE		QUANTITY		WIDTH		LENGTH				WIDTH		LENGTH			
7. BINDING (Use item 13 for additional instructions)								8. PAPER STOCK				9. PRINT							
<input type="checkbox"/> LOOSE		<input type="checkbox"/> SIDE STITCHED		PAD <input type="checkbox"/> TOP <input type="checkbox"/> LEF <input type="checkbox"/> RHT <input type="checkbox"/> BTM		COP-IES		BASIS WEIGHT		KIND		COLOR		COLOR INK		FACE ONLY		HEAD TO	
<input type="checkbox"/> GLUED		<input type="checkbox"/> SADDLE STITCHED		SHEETS IN PAD		SETS IN PAD		SHEETS IN SET											
<input type="checkbox"/> OTHER																			
10. PUNCHING								1											
NR HOLES		DIAMETER		C TO C		KIND		POSITION		2									
										3									
										4									
11. MATERIAL DISPOSITION								5											
		HOLD		DESTROY		RETURN TO		6											
NEGATIVES								7											
ORIGINALS								8											
12. CLASSIFICATION								9											
								10											
13. ADDITIONAL INSTRUCTIONS, DUMMY ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO (Perforations, scoring, prenumbering, etc.)																			
14. DISTRIBUTION INSTRUCTIONS (If desired, also indicate person to be notified when job is completed.)								15. APPROPRIATION CHARGEABLE											
								CERTIFICATION											
								THAT THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPARTMENTAL REGULATIONS. THAT THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE NECESSARY AND RELATE ENTIRELY TO THE PUBLIC SERVICE. THAT THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS.											
								16. ORIGINATOR (Typed Name, Signature and Date)											
								17. ACTION BY PRINTING CONTROL AUTHORITY											
								<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED									
								TYPED NAME, SIGNATURE AND DATE											
FOR PLANT USE ONLY		18. DATE RECEIVED		19. PRIORITY		23. PRESS SIZE		HRS IN USE		NO. OF MASTERS		PRESS IMPRESSIONS		PRODUCTION UNITS					
						X													
						X													
						X													
20. DATE PROMISED		21. DATE COMPLETED		22. DATE DELIVERED		X													
						X													
						X													
RECEIPT OF COMPLETED JOB																			
24. RECEIVED BY						25. ORGANIZATION SYMBOL						26. DATE							